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CONFIRMATION NO. 9939

|  |   |                                  |   |                                      |
|--|---|----------------------------------|---|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/815,795   | <b>FILING OR 371(c) DATE</b><br>04/02/2004<br><b>RULE</b>   | <b>CLASS</b><br>422              | <b>GROUP ART UNIT</b><br>1724   | <b>ATTORNEY DOCKET NO.</b><br>119355 |
| <b>APPLICANTS</b><br>Yukihiro Ichikawa, Nagoya-city, JAPAN;<br><b>** CONTINUING DATA *****</b> <i>None</i><br><b>** FOREIGN APPLICATIONS *****</b> <i>Japan</i><br>JAPAN 2003-115986 04/21/2003<br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 06/17/2004</b>  |   |                                  |   |                                      |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>21   | <b>TOTAL CLAIMS</b><br>25            |
|  |   |                                  | <b>INDEPENDENT CLAIMS</b><br>6  |                                      |
| <b>ADDRESS</b><br>25944  |   |                                  |   |                                      |
| <b>TITLE</b><br>Honeycomb structure, method of manufacturing the same, and discharge fluid purification system   |   |                                  |   |                                      |
| <b>FILING FEE RECEIVED</b><br>1118   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                      |